

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

AUG 15 2005

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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|--|--|
| 1. File Number U - <u>7183</u> | 2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u> |
| 3. Name and address of person filing. Name <u>John</u> <u>P</u> <u>Glavey</u> P.O. Box, Bldg., Room No., if any Street <u>93 Naragansett Street</u> City <u>Buffalo</u> State <u>New York</u> ZIP Code + 4 <u>14220</u> | 4. Name, file number, and address of labor organization. Name <u>Asbestos Workers Local No. 4</u> Labor Organization File Number <u>029-768</u> P.O. Box, Building and Room Number, if any Street <u>976-B Union Road</u> City <u>West Seneca</u> State <u>New York</u> ZIP Code + 4 <u>14224-3438</u> |
| 5. Position in labor organization. <u>Member of the Executive Board</u> | |

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

| | |
|--|--|
| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. | |
| 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 | 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. |

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

John P. Glavey

On

8/3/05
Date

(716) 674-2482

Telephone Number

Name of Person Filing John Glavey

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Asbestos Workers Local No.4 Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 976-B Union Road

City West Seneca

State New York ZIP Code + 4 14224-3438

9. Business deals with:

- ☐ a. Labor Organization
- ☒ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Asbestos Workers Local No.4 Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 976-B Union Road

City West Seneca

State New York ZIP Code + 4 14224-3438

11.a. Nature of such dealing.

Union officer was reimbursed by the Asbestos Workers Local No.4 Pension Fund as an instructor for the Union's Joint Apprenticeship Training Program. Pension Fund was subsequently reimbursed for these expenses by the Training Fund.

11.b. Approximate dollar value of such dealing.

\$0

12.a. Nature of interest held or income received.

See attached schedule.

12.b. Amount.

\$3,642

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

John P. Glavey

1 of 1

File Number - None

Fiscal Year Ended - December 31, 2004

Supporting Schedule to Part B, Item 12a Form LM-30

Payments as an instructor for the Apprenticeship Training Fund were subsequently reimbursed the Pension Fund by the Training Fund.

Supporting Schedule to Part B, Item 12b Form LM-30

| <u>Date of Payment</u> | <u>Amount of Payment</u> | <u>Description</u> |
|----------------------------|------------------------------|---|
| 2/19/2004 | \$ 473.00 | Teaching at Apprenticeship School (reimbursed by JAT) |
| 5/17/2004 | \$ 1,797.00 | Teaching at Apprenticeship School (reimbursed by JAT) |
| 12/21/2004 | <u>\$ 1,372.00</u> | Teaching at Apprenticeship School (reimbursed by JAT) |
| | <u><u>\$ 3,642.00</u></u> | |